



Student Support Services  
**Crisis Response Team**

School Year: \_\_\_\_\_

School: \_\_\_\_\_

To attend refresher, certification must be within 12 months of initial training, otherwise, you must attend a 2-day training. **No Exceptions!!**

Crisis Response Team Members	Position/ Title	Never Trained/ Needs 2 Day Initial NCI Training	Has Current NCI Certification (12 months or less)	Expiration Date of NCI Certification (Check Blue Card)
Example: Sally Smith	<u>Dean</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>March 2020</u>
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Truck mail or scan and e mail to Rod Warner ([warnerrw@gm.sbac.edu](mailto:warnerrw@gm.sbac.edu)), Manning Center, ASAP.